

IFW



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: GREGORY A. SHTEYNGARTS

Serial No.: 10/686,196 Group No.: 3724
Filed: October 15, 2003 Examiner: GHASSEM, ALIE
For: KNIFE-LIKE CUTTING DIE
Docket No.: 16-471

MAIL STOP NO FEE AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is a response to an Office Action mailed October 3, 2005 for approval by examiner for this application.

STATUS

2. Applicant is
☒ XX a small entity
☐ other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: "Mail Stop Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450".

Yolonda S. Toth

(Type or print name of person mailing paper)

Yolonda S. Toth
(Signature of person mailing paper)

Date: Wednesday April 5, 2006

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37CFR 1.136 apply.

(complete (a) or (b) as applicable)

(a) _____ Applicant petitions for an extension of time for the total number of months checked below:

	Extension (months)	Fee for Other than Small Entity	Fee For Small Entity
	One-Month	120.00	60.00
	Two-Month	450.00	225.00
	Three-Month	1020.00	510.00
	Four-Month	1590.00	795.00
	Fifth-Month	2160.00	1080.00

Fee \$ _____

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

_____ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

(b) XXX Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Rate	Small Entity Additional Fee		Rate		Other Than Small Entity Additional Fee
Total	20	MINUS	26	=	0	X	25.00	\$50.00	X	25.00	=	\$0.00
Indep.	3	MINUS	5	=	0	X	100.00	\$100.00	X	100.00	=	\$0.00
First Presentation of Multiple Dependent Claims						X			X	180.00	=	
TOTAL							\$	- OR -		Total		\$0.00

* If the Highest No. Previously Paid for in this space is less than 20, enter "20".

** If the Highest No. Previously Paid for in this space is less than 3, enter "3".

(c) XX No additional fee is required

OR

(d) _____ Total additional fee required \$ _____

FEE PAYMENT

_____ Attached are checks in the sum of \$0.00

_____ Charge Account No. _____ in the sum of \$ _____

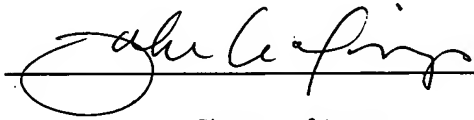
Fee Deficiency

6. _____ If any additional extension and/or fee is required, this is the request therefor and to charge Account No. 23-0630

And/Or

XXX If any additional fee for claims is required, charge Account No. 23-0630.

Reg. No.: 56,480

 _____

Signature of Attorney

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John A. Yirga

Type or Print Name of Attorney

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